



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

ESCROW AGENT OFFICE CLOSURE FORM

PLEASE CHECK APPLICABLE BOX: ☐ MAIN OFFICE ☐ BRANCH OFFICE
EFFECTIVE DATE OF CLOSURE _____

1) ESCROW AGENT COMPANY NAME: _____

TRADE NAME _____ LICENSE NUMBER _____

PHYSICAL ADDRESS: _____
Of location closing

City County State Zip

2) CUSTODIAN OF RECORDS: _____
[As defined in WAC 208-680C-045(2)(a)]

Last Name First Middle

MAILING ADDRESS: _____

City County State Zip

Phone Fax e-mail address

3) LOCATION OF RECORDS:

PHYSICAL ADDRESS: _____

City County State Zip

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. WAC 208-680C-045(2) reads in part
". . . all responsible persons are jointly and severally obliged to notify the department within thirty days of closure."
2. Responsible Person: Surrender original escrow licenses issued to the agent and all officers.
3. Outgoing DEO: Complete the top of the Escrow Trust Funds Responsibility Form (attached).
4. Outgoing DEO: Provide listing of trust liability (trial balance).
5. Outgoing DEO: Provide a bank statement and reconciliation (include list of outstanding checks).
6. Custodian of Records: Complete the bottom of the Escrow Trust Funds Responsibility Form (attached).
7. Custodian of Records: Complete the Consent to Service Form (attached).
8. If you employ any LPO's, remember to notify the LPO Board of your closure.



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ESCROW AGENT CLOSURE OF OFFICE ESCROW TRUST FUNDS RESPONSIBILITY FORM

I, _____ License No. _____
printed name of outgoing designated escrow officer *outgoing designated escrow officer*

hereby certify that the attached itemized accounts are a true status of all funds being held in the escrow agent trust fund, for which I release responsibility, pending disbursement of such funds.

Signature of outgoing designated escrow officer

Date

Please attach the following:

1. Trust Liability (trial balance)
2. Bank Statement
3. Reconciliation

I, _____
printed name of custodian of records

hereby acknowledge the attached itemized accounts to be a true status of all funds in the escrow agent trust fund for which I accept responsibility, pending disbursement of such funds.

Signature of custodian of records

Date

NOTE: Until trust account balance is zero, the responsible person must file quarterly reports to DFI in compliance with WAC 208-680C045(4). Quarterly reports must include reconciliations, trial balance, and trust bank account statement.

CUSTODIAN OF RECORDS CONSENT TO SERVICE

_____, a company authorized to do business in Washington, has surrendered a license issued by the state of Washington to engage in the business of an escrow agent and hereby consents that suits and actions arising out of it's escrow business may be commenced against the company in the state of Washington. Service of any process of pleadings in said action or suit may be made by delivering process or pleadings to the Director, Department of Financial Institutions, Olympia, Washington.

The Director shall, within five working days, mail to the custodian of records for the escrow agent at it the address below, written notice of any process or pleadings delivered to the Director.

Signature of custodian of records

Date

NOTE: Records must be maintained in the state of Washington for at least six years. The Department must be notified in writing, if there is a change of location or custodian of records.